

VETERAN'S LAST NAME - FIRST NAME - MIDDLE INITIAL		DATE OF BIRTH	DATE
CLAIM NO. C-	SOCIAL SECURITY NO.	PERIOD OF SERVICE <input type="checkbox"/> WW II <input type="checkbox"/> KOREA <input type="checkbox"/> VIET-NAM <input type="checkbox"/> OTHER	
ADDRESS (Street no., City, State, and ZIP Code)		THIS ADDRESS IS - <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	ELIGIBILITY <input type="checkbox"/> S.C. <input type="checkbox"/> OTHER <input type="checkbox"/> NSC-A&A
SECTION I - HEARING AID REPAIRS			
MAKE AND MODEL NO. OF HEARING AID		SERIAL NUMBER	DATE LAST REPAIRED
DESCRIPTION OF DEFECTS (Please check) <input type="checkbox"/> AIR DEAD <input type="checkbox"/> INTERMITTENT SOUND <input type="checkbox"/> FEEDBACK <input type="checkbox"/> NOISY <input type="checkbox"/> WEAK <input type="checkbox"/> DISTORTED		REMARKS	
SECTION II - CORDS OR TUBING (Do NOT complete if repair only)			
MAKE AND MODEL OF HEARING AID		SERIAL NUMBER	LENGTH OF CORD

VA FORM 90-1107
JUL 1991

**VETERAN'S REQUEST FOR HEARING AID
REPAIRS, CORDS OR TUBING**

INSTRUCTIONS

WHEN REPAIRS TO HEARING AIDS ARE NEEDED:

1. Fill out completely all items in top section and in Section I on reverse side of this form.
Enclose in the mailing carton along with the defective aid.
2. Wrap aid in protective blanket and fold over each end. Place aid in the mailing carton furnished.
3. Seal the aid in the carton and attach the Denver Distribution Center postage-free label to outside.
Deposit in nearest mail box.

IMPORTANT - Send complete aid: Transmitter, receiver, and cords or tubing.

DO NOT SEND EARMOLD, PRESENTATION CASE, ETC.

WHEN CORDS OR TUBING ARE NEEDED FOR HEARING AIDS:

1. Fill out completely all items in Section II on reverse side of this form.
2. Place defective cords or tubing in mailing envelope along with this card and seal.
3. Attach Denver Distribution Center postage-free label to envelope and deposit in nearest mail box.